Data Dictionary for Inpatient Rehabilitation Facility (IRF) Compare

Version 3.1

Prepared by

RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709

Version History

Version Number	Date	Details
3.1	March 2019	Table 2 updated with 2019 refresh schedule
3.0	September 2018	Measures Added: - Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: I008.01) - Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: I013.01) - Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I017.01) - Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities (CMS ID: I018.01) - Discharge to Community-Post Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I019.01) - Medicare Spending Per Beneficiary (MSPB) – Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I020.01) Removed: - All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502, CMS ID: I007.01) Measure ID Version Change: - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: I001.02)
2.1	June 2018	Update to footnote descriptions
2.0	December 2017	Measures Added: - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680, CMS ID: I002.01) - National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF # 1716, CMS ID: I014.01)

		- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF # 1717, CMS ID: I015.01) - Influenza Vaccination Coverage Among Healthcare Personnel (NQF # 0431, CMS ID: I016.01) Features Added - Introduction - Document Purpose - Acronym Index - Measure Names and Reporting Cycles - Measure Dates - File Summary - National Data Measure Codes - Provider Data Measure Codes - Footnote Descriptions
1.01	September 2017	Updated Table 6 name
1.0	December 2016	Measures Added: - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: I001.01) - National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: I006.01) - All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502, CMS ID: I007.01)

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Introduction
Inpatient Rehabilitation Facility (IRF) Compare is a consumer-oriented website that provides information on the quality of care facilities are providing to their patients. This information can help consumers make informed decisions about health care. IRF Compare allows consumers to select multiple facilities and directly compare performance measure information. The Centers for Medicare & Medicaid Services (CMS) created the IRF Compare website to better inform health care consumers about a facility's quality of care. IRF Compare provides data on over 1,100 IRFs. IRF Compare is part of an Administration-wide effort to increase the availability and accessibility of information on quality, utilization and costs for effective, informed decision-making. More information about IRF Compare can be found by visiting the CMS.gov website and performing a search for IRF Compare. To access the IRF Compare website, please visit www.medicare.gov/inpatientrehabilitationfacilitycompare/.

IRF Compare information is typically updated, or refreshed, each quarter in March, June, September, and December, however, the refresh schedule is subject to change and not all measure data will be updated during each quarterly release. See the Measure Descriptions and Reporting Cycles section of this Data Dictionary for additional information.

Links to download the data from the zipped comma-separated value (CSV) flat file formats can be found on the IRF Compare Data website. Archived data is available in the IRF Compare Data Archive.

All Compare websites are publicly accessible. As works of the U.S. government, IRF Compare data are in the public domain and permission is not required to reuse them. An attribution to the agency as the data source is appreciated. Your materials, however, should not give the false impression of government endorsement of your commercial products or services.

Document Purpose
The purpose of this document is to provide a directory of material for use in the navigation of information contained within the IRF Compare downloadable database. Table 2: Measure Names and Reporting Cycles in this data dictionary provides a full list of IRF Compare measures contained in the downloadable data along with information about reporting cycles for each measure.

Table 1: Acronym Index

Acronym	Meaning
CAUTI	Catheter-associated urinary tract infections
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CDI	Clostridium difficile Infection
CMS	Centers for Medicare & Medicaid Services
HAC	Healthcare-acquired conditions
HAI	Healthcare-associated infections
IRF	Inpatient Rehabilitation Facility
IRF-PAI	Inpatient Rehabilitation Facility Patient Assessment Instrument
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSBP	Medicare Spending Per Beneficiary
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
PAC	Post-Acute Care
QRP	Quality Reporting Program
SIR	Standardized infection ratio

Table 2: Measure Names and Reporting Cycles

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			March 2019	June 2019	September 2019	December 2019
Rate of pressure ulcers that are new or worsened	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: I001.01, I001.02) *	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q4 2017 – Q3 2018*
Percent of residents/patients assessed and given influenza vaccination	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680, CMS ID: I002.01)	Collection period: 12 months. (July 1 through June 30; includes Influenza Vaccination Season from October 1 through March 31). Refreshed annually.	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2017 – Q2 2018**
Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: I008.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019

Percentage of IRF patients who experience one or more falls with major injury during their IRF stay	Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: I013.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019
Catheter-associated urinary tract infections (CAUTI)	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: I006.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018
Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716, CMS ID: I014.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018***	N/A
Clostridium difficile Infection (CDI)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717, CMS ID: I015.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018

Influenza Vaccination Coverage Among Healthcare Personnel	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431, CMS ID: I016.01)	Collection period: 12 months. (July 1 through June 30; includes Influenza Vaccination Season from October 1 through March 31). Refreshed annually.	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2017 – Q2 2018
Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I017.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018
Rate of potentially preventable hospital readmissions during the IRF stay	Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities (CMS ID: I018.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018
Rate of successful return to home and community from an IRF	Discharge to Community-Post Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I019.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018

Medicare Spending Per Beneficiary (MSPB) in IRFs	Medicare Spending Per Beneficiary Post Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I020.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018

* The measure "Rate of pressure ulcers that are new or worsened" will be removed from the IRF QRP and replaced with "Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury" beginning October 1, 2018. Therefore, the measure "Rate of pressure ulcers that are new or worsened" will stop refreshing after September 2019 and will display the same data collection timeframe until the measure is replaced by the "Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury" measure in September 2020.

** IRFs are no longer required to submit data on the measure "Percent of residents/patients assessed and given influenza vaccine" beginning with patients discharged on or after October 1, 2018. Therefore, December 2019 is the last refresh this measure will be displayed on IRF Compare.

*** IRFs are no longer required to submit data on the measure "Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection" beginning with October 1, 2018 admissions and discharges. Therefore, September 2019 is the last refresh this measure will be displayed on IRF Compare.

Table 3: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable database. CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields. Since some data, such as provider numbers, contain leading zeroes, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. The CSV column names and file names should mirror the datasets found on Data.Medicare.gov.

File Name Titles	Description
Inpatient Rehabilitation Facility- Conditions	A list of inpatient rehabilitation facilities with data on the number of times people with Medicare who had certain medical conditions were treated in the last year.
Inpatient Rehabilitation Facility - General Information.csv	A list of Inpatient Rehabilitation Facilities with information such as address, phone number, ownership data and more.
Inpatient Rehabilitation Facility - National data.csv	National data on the quality of patient care measures shown on Inpatient Rehabilitation Facility Compare.
Inpatient Rehabilitation Facility - Provider data.csv	A list of Inpatient Rehabilitation Facilities with data on the quality of patient care measures shown on Inpatient Rehabilitation Facility Compare
Inpatient Rehabilitation Facility - Revised Flat Files.pdf	Data dictionary
readme.txt	Information about viewing the data dictionary PDF file

Table 4: General Information Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. Note: Please add a leading zero for facilities that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the facility
Address Line 1	Character	The first line of the address of the facility
Address Line 2	Character	The second line of the address of the facility
City	Character	The name of the city where the facility is located
State	Character	The two-character postal code used to identify the state where the facility is located
Zip Code	Numeric	The five-digit postal zip code where the facility is located. Note: Please add a leading zero for facilities that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the facility is located
Phone Number	Character	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number
CMS Region	Numeric	The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region: 1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont 2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands 3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia 4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Variable Name	Variable Type	Description
		5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
		6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas
		7 = Kansas City: Iowa, Kansas, Missouri, Nebraska
		8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
		9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories
		10 = Seattle: Alaska, Idaho, Oregon, Washington
Ownership Type	Character	Indicates the facility's ownership type: For Profit, Non-profit, Government
Certification Date	Date	The initial Medicare certification or recertification date of the facility
Total Number of Beds	Numeric	The total number of beds in the facility

Table 5: National Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. However, since this is the national data set, the CCN is listed as "Nation."
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= I_001_01_ADJ_RATE Prefix: I_001_01 Suffix: ADJ_RATE See Table 9 for a complete listing of national data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score
End Date	Date	The end date of the reporting period for the corresponding measure code and score

Table 6: Provider Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. Note: Please add a leading zero for facilities that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the facility
Address Line 1	Character	The first line of the address of the facility
Address Line 2	Character	The second line of the address of the facility
City	Character	The name of the city where the facility is located
State	Character	The two-character postal code used to identify the state where the facility is located
Zip Code	Numeric	The five-digit postal zip code where the facility is located. Note: Please add a leading zero for providers that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the facility is located
Phone Number	Character	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number.
CMS Region	Numeric	The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region: 1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont 2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands 3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia 4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Variable Name	Variable Type	Description
		5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin 6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas 7 = Kansas City: Iowa, Kansas, Missouri, Nebraska 8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming 9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories 10 = Seattle: Alaska, Idaho, Oregon, Washington
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= I_001_01_ADJ_RATE Prefix: I_001_01 Suffix: ADJ_RATE See Table 10 for a complete listing of provider data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. 1 = The number of cases/patient stays is too small to report. 2 = Data not available for this reporting period. 3 = Results are based on a shorter time period than required.

Variable Name	Variable Type	Description
		4 = Data suppressed by CMS for one or more quarters. 5 = Data not submitted for this reporting period. 6 = The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero. 7 = Results cannot be calculated for this reporting period. 8 = This inpatient rehabilitation facility isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program. See Table 11 for more information on how each footnote is used.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score
End Date	Date	The end date of the reporting period for the corresponding measure code and score

Table 7: Conditions Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. Note: Please add a leading zero for facilities that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the facility
Address Line 1	Character	The first line of the address of the facility
Address Line 2	Character	The second line of the address of the facility
City	Character	The name of the city where the facility is located
State	Character	The two-character postal code used to identify the state where the facility is located
Zip Code	Numeric	The five-digit postal zip code where the facility is located. Note: Please add a leading zero for providers that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the facility is located
Phone Number	Character	The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number.
CMS Region	Numeric	The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region: 1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont 2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands 3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia 4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee 5 = Chicago:

Variable Name	Variable Type	Description
		Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
		6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas
		7 = Kansas City: Iowa, Kansas, Missouri, Nebraska
		8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
		9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories
		10 = Seattle: Alaska, Idaho, Oregon, Washington
Condition	Character	The medical conditions treated in the inpatient rehabilitation facility. ▪ Stroke ▪ Nervous system disorder (excluding stroke) ▪ Brain disease or condition (non-traumatic) ▪ Brain injury (traumatic) ▪ Spinal cord disease or condition (non-traumatic) ▪ Spinal cord injury (traumatic) ▪ Hip or femur fracture ▪ Hip or knee replacement, amputation or other bone or joint conditions ▪ All other conditions
Count	Numeric	The count of the corresponding medical condition for that facility. Note: Medical conditions with counts of less than 11 are labeled as "less than 11" to protect patient confidentiality.

Table 8: National Data Measure Codes

I_001_02: Rate of pressure ulcers that are new or worsened

National Variables	Description
I_001_02_NATL_RATE	National rate

I_002_01: Patients assessed and given influenza vaccination

National Variables	Description
I_002_01_NATL_RATE	National rate

I_008_01: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan

National Variables	Description
I_008_01_NATL_RATE	National rate

I_013_01: Percentage of IRF patients who experience one or more falls with major injury during their IRF stay

National Variables	Description
I_013_01_NATL_RATE	National rate

I_006_01: Catheter-associated urinary tract infections (CAUTI)

National Variables	Description
I_006_01_GRP_SIR	Catheter-associated urinary tract infections (CAUTI) in nation

I_014_01: Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection

National Variables	Description
I_014_01_GRP_SIR	Methicillin-resistant Staphylococcus aureus infections (MRSA) in nation

I_015_01: Clostridium difficile Infection (CDI)

National Variables	Description
I_015_01_GRP_SIR	Clostridium difficile Infection (CDI) in nation

I_016_01: Influenza Vaccination Coverage Among Healthcare Personnel

National Variables	Description
I_016_01_NATL_RATE	National rate of flu vaccination

I_017_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF

National Variables	Description
I_017_01_ PPR_PD_N_BETTER_NAT	Number of IRFs in the Nation that Performed Better than the National Rate
I_017_01_PPR_PD_N_NO_DIFF_NAT	Number of IRFs in the Nation that Performed No Different than the National Rate
I_017_01_ PPR_PD_N_TOO_SMALL	Number of IRFs Too Small to Report

I_017_01_ PPR_PD_N_WORSE_NAT	Number of IRFs in the Nation that Performed Worse than the National Rate
I_017_01_PPR_PD_NAT_UNADJUST_AVG	National Unadjusted Average Potentially Preventable Readmission Rate

I_018_01: Rate of potentially preventable hospital readmissions during the IRF stay

National Variables	Description
I_018_01_ PPR_WI_N_BETTER_NAT	Number of IRFs in the Nation that Performed Better than the National Rate
I_018_01_PPR_WI_N_NO_DIFF_NAT	Number of IRFs in the Nation that Performed No Different than the National Rate
I_018_01_ PPR_WI_N_TOO_SMALL	Number of IRFs Too Small to Report
I_018_01_ PPR_WI_N_WORSE_NAT	Number of IRFs in the Nation that Performed Worse than the National Rate
I_018_01_PPR_WI_NAT_UNADJUST_AVG	National Unadjusted Average Potentially Preventable Readmission Rate

I_019_01: Rate of successful return to home and community from an IRF

National Variables	Description
I_019_01_ DTC_N_BETTER_NAT	Number of IRFs in the Nation that Performed Better than the National Rate
I_019_01_DTC_N_NO_DIFF_NAT	Number of IRFs in the Nation that Performed No Different than the National Rate
I_019_01_ DTC_N_TOO_SMALL	Number of IRFs Too Small to Report
I_019_01_ DTC_N_WORSE_NAT	Number of IRFs in the Nation that Performed Worse than the National Rate
I_019_01_DTC_NAT_OBS_RATE	National Observed Discharge to Community Rate

I_020_01: Medicare Spending Per Beneficiary (MSPB) in IRFs

National Variables	Description
I_020_01_MSPB_SCORE_NATL	MSPB Score (National)

Table 9: Provider Data Measure Codes

I_001_02: Rate of pressure ulcers that are new or worsened

Provider Variables	Description
I_001_02_NUMERATOR	Numerator
I_001_02_DENOMINATOR	Denominator
I_001_02_OBS_Rate	Facility observed rate
I_001_02_ADJ_RATE	Facility adjusted rate

I_002_01: Patients assessed and given influenza vaccination

Provider Variables	Description
I_002_01_NUMERATOR	Numerator
I_002_01_DENOMINATOR	Denominator
I_002_01_OBS_RATE	Facility rate

I_008_01: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan

Provider Variables	Description
I_008_01_NUMERATOR	Numerator
I_008_01_DENOMINATOR	Denominator
I_008_01_OBS_RATE	Facility rate

I_013_01: Percentage of IRF patients who experience one or more falls with major injury during their IRF stay

Provider Variables	Description
I_013_01_NUMERATOR	Numerator
I_013_01_DENOMINATOR	Denominator
I_013_01_OBS_RATE	Facility rate

I_006_01: Catheter-associated urinary tract infections (CAUTI)

Provider Variables	Description
I_006_01_CI_LOWER	SIR 95% confidence interval - lower limit
I_006_01_CI_UPPER	SIR 95% confidence interval - upper limit
I_006_01_COMP_PERF	Evaluation
I_006_01_DOPC_DAYS	Catheter days
I_006_01_ELIGCASES	Predicted number of infections (B)
I_006_01_NUMERATOR	Number of infections reported (A)
I_006_01_SIR	Standardized infection ratio (SIR) (A/B)

I_014_01: Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection

Provider Variables	Description
I_014_01_CI_LOWER	SIR 95% confidence interval - lower limit
I_014_01_CI_UPPER	SIR 95% confidence interval - upper limit
I_014_01_COMP_PERF	Evaluation
I_014_01_DOPC_DAYS	Patient days
I_014_01_ELIGCASES	Predicted number of infections (B)
I_014_01_NUMERATOR	Number of infections reported (A)
I_014_01_SIR	Standardized infection ratio (SIR) (A/B)

I_015_01: Clostridium difficile Infection (CDI)

Provider Variables	Description
I_015_01_CI_LOWER	SIR 95% confidence interval - lower limit
I_015_01_CI_UPPER	SIR 95% confidence interval - upper limit
I_015_01_COMP_PERF	Evaluation
I_015_01_DOPC_DAYS	Patient days
I_015_01_ELIGCASES	Predicted number of infections (B)
I_015_01_NUMERATOR	Number of infections reported (A)
I_015_01_SIR	Standardized infection ratio (SIR) (A/B)

I_016_01: Influenza Vaccination Coverage Among Healthcare Personnel

Provider Variables	Description
I_016_01_NUMERATOR	Number of health care workers vaccinated
I_016_01_DENOMINATOR	Number of health care workers
I_016_01_OBS_RATE	Rate of flu vaccination

I_017_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF

Provider Variables	Description
I_017_01_PPR_PD_OBS_READM	Number of Potentially Preventable Readmissions Following Discharge
I_017_01_PPR_PD_VOLUME	Number of Eligible Stays
I_017_01_PPR_PD_OBS	Unadjusted Potentially Preventable Readmission Rate
I_017_01_PPR_PD__RSRR	Risk-Standardized Potentially Preventable Readmission Rate
I_017_01_PPR_PD__RSRR_2_5	Lower Limit of the 95% Confidence Interval on the RSRR
I_017_01_PPR_PD_RSRR_97_5	Upper Limit of the 95% Confidence Interval on the RSRR
I_017_01_PPR_PD_COMP_PERF	Comparative Performance Category

I_018_01: Rate of potentially preventable hospital readmissions during the IRF stay

Provider Variables	Description
I_018_01_PPR_WI_OBS_READM	Number of Potentially Preventable Readmissions During the Stay
I_018_01_PPR_WI_VOLUME	Number of Eligible Stays
I_018_01_PPR_WI_OBS	Unadjusted Potentially Preventable Readmission Rate
I_018_01_PPR_WI_RSRR	Risk-Standardized Potentially Preventable Readmission Rate
I_018_01_PPR_WI_RSRR_2_5	Lower Limit of the 95% Confidence Interval on the RSRR
I_018_01_PPR_WI_RSRR_97_5	Upper Limit of the 95% Confidence Interval on the RSRR
I_018_01_PPR_WI_COMP_PERF	Comparative Performance Category

I_019_01: Rate of successful return to home and community from an IRF

Provider Variables	Description
I_019_01_DTC_NUMBER	Observed Number of Discharges to Community
I_019_01_DTC_VOLUME	Number of Eligible Stays for DTC Measure
I_019_01_DTC_OBS_RATE	Observed Discharge to Community Rate
I_019_01_DTC_RS_RATE	Risk-Standardized Discharge to Community Rate
I_019_01_DTC_RS_RATE_2_5	Lower Limit of the 95% Confidence Interval on the Risk-Standardized Discharge to Community Rate
I_019_01_DTC_RS_RATE_97_5	Upper Limit of the 95% Confidence Interval on the Risk-Standardized Discharge to Community Rate
I_019_01_DTC_COMP_PERF	Comparative Performance Category

I_020_01: Medicare Spending Per Beneficiary (MSPB) in IRFs

Provider Variables	Description
I_020_01_MSPB_SCORE	MSPB Score
I_020_01_MSPB_NUMB	Number of Eligible Episodes

Table 10: Footnote Descriptions
The footnote numbers below are associated with the IRF Compare quality measures:

Footnote number	Footnote as displayed on IRF Compare	Footnote details
1	The number of cases/patient stays is too small to report.	• When the number of cases/patients doesn't meet the required minimum amount for public reporting; • When the number of cases/patients is too small to reliably tell how well a facility is performing; and/or • To protect personal health information.
2	Data not available for this reporting period.	• Provider has been open for less than 6 months. • There wasn't data to submit for this measure. • There were zero device days or procedures (CDC NHSN measures only). • When an IRF had no claims data. • No medical condition data available.
3	Results are based on a shorter time period than required.	• The results were based on data reported from less than the maximum possible time period used to collect data for the measure.
4	Data suppressed by CMS for one or more quarters.	• The results for these quality measures were excluded by CMS.
5	Data not submitted for this reporting period.	• The provider didn't submit required data for the quality reporting program. • The provider didn't submit CDC data to the NHSN system.
6	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	• No data to report (CDC NHSN measures only).
7	Results cannot be calculated for this reporting period.	• The predicted number of infections is less than 1 (CDC NHSN measures only).
8	This inpatient rehabilitation facility isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.	